The highest level of protection must be sought for UNCG students, and their participation in research or other activities with a company or entity in which a faculty member or researcher has a vested interest (ownership, consulting relationship, or other paid activity) cannot prevent or inhibit the student researcher from meeting applicable degree requirements. Potential conflicts of interest may occur in any relationship when there is a real or perceived imbalance in power or influence between a mentor, advisor, or supervisor and a student, trainee, or junior colleague, and the potential for financial benefit to the more powerful individual. Such involvement may require implementation of this management plan to appropriately manage student activity.

The faculty member/researcher is responsible for providing information on financial conflicts of interest to students, trainees, and other employees participating in external company’s work. Oversight mechanisms should be defined and put into place in order to ensure the protection of UNCG students. The information should include explanations of the relationship with the entity and the right of students and other personnel to take concerns about the effect of the employee’s relationship with the entities on their work, studies, or progress towards degree, to their dean, chair, director, or the Chair of the COI committee.

Examples of potential COIs in dealing with staff or students of the university:

1. A faculty member or researcher directs a student into a research area from which the faculty member or researcher may receive financial gain.

The faculty member/researcher informs the student about the possible financial gain. Another faculty colleague makes an objective judgment about whether this research is in the student’s scholarly best interest.
2. A faculty member/researcher is offered a position on a scientific board of a company that has research contracts with the faculty member’s or researcher’s department.

The faculty member/researcher discloses his relationship with the company to the department’s students and staff, and in any published research results the faculty member/researcher takes part in for the company.

Discloser Name: Title/Rank

Department:

Campus Address:

Email Address:

|  |
| --- |
| Background Information: |
| Describe the Entity and the nature of your current relationship with the Entity (e.g., equity holder or other relationship for which you receive remuneration); include the current value of your interest in the Entity (estimate if necessary), and all salaries or other remuneration received by this Entity.Entity name: Address: City State: Zip: * Describe the anticipated or current relationship of the Entity to the university, if any.
* What are your primary activities with the Entity?
* Describe the time commitment to the Entity.
 |
| Relationship of students with external entity: |
| Will students, trainees, and/or other university employees be involved in research or other projects with the external entity? ☐ Yes ☐ No |
| If yes, please describe that nature of the interaction with students and other personnel, including supervisory responsibilities, graduate students and employment of students by the Entity named above. Describe your role in student/employee supervision of activities related to this company. |
| Duty of Candor: |
| Students, trainees, and other university employees must be fully informed about source of funding, the nature of the faculty member’s or researcher’s personal interest or involvement, and, if relevant, any agreements concerning data collection, copyright, or patent protection arising from the research. Please describe here how this will be accomplished: (sample notification located at the end of document) |
| Potential Management Strategies: |
| **Check all those that apply:** ☐ Conduct annual meetings with members of my research group (students and staff) to explain the potential or actual financial conflict of interest, and communicate the details of the management plan provisions related to efforts with the external Entity. ☐ Meet with any new employee/student to convey this information.☐ Ensure these meetings are followed with a written summary of the information for each student or staff member participating in work related to the entity in which I have a vested interest. ☐ Ensure that students meet with their graduate program chair, department head or institute director, and associate dean, & then sign voluntary agreement to participate in the activity.☐ Ensure that oversight of students, staff or key personnel on project with Entity named above is not the sole responsibility of the faculty member/researcher who has vested interest with the Entity. Additional oversight will be provided by higher level academic administrator. (Provide name, rank, department below): |
| Co-advisor/Academic administrator of equal or greater rank will be:  |
| **(Provide name, rank, department):**Co-advisor/Academic Administrator: Department: Email Address: Telephone:  |

**Acknowledgement**

By signing below, the employee attests that this Conflict of Interest Management Plan confirms their understanding of the manner in which the potential conflict of interest arising from their interest in the Entity and participation in the UNCG research or project will be handled. Additionally, the employee attests that:

* S/He agrees to comply with the management mechanisms described herein.
* The information presented in this document is complete, accurate, and true to the best of their knowledge.
* They will annually recertify all relevant disclosures or update them within 30 days of discovering or acquiring any new financial interests or changes in the reported interests/relationship(s).
* Appointments for visitors from the Entity will be discussed with and approved by their department head, and, if applicable, the lab or center where the research will be conducted.
* The Entity will not be given access to any UNCG facilities without the express approval of the department, lab or center head.
* Any financial relationships will be disclosed to the ORI Director for all relevant human subject work.
* Any material change in the nature of their relationship with the Entity, their activities on behalf of the Entity or the direction of their research as it relates to the Entity will be reported to their department head in advance or, if advance reporting is not practical or possible, immediately following the occurrence of the change.
* An annual report will update all information relevant to this management plan and will be submitted it to the appropriate department head and the ORI Director by October 1st of each year.
* Failure to comply with this Management Plan may have consequences.

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| Printed Name & Title |  |  |  |
|  |  | Date: |  |
| Signature |  |  |  |
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**Administrative Review and Approval**

By signing below, the Department Head, Dean, Dean’s designee, or equivalent acknowledges:

* S/He has read and agrees to monitor the management mechanisms described herein, with annual reviews and updates to the plan as appropriate.
* The management plan is deemed to include mechanisms which are sufficient means to manage or eliminate financial conflicts of interest disclosed.

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| Printed Name & Title  |  |  |  |
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|  |  | Date: |  |
| Signature |  |  |  |

**Approved**

Reviewed & approved by the ORI Director

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| Printed Name & Title  |  |  |  |
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|  |  | Date: |  |
| Signature |  |  |  |

**Sample Notification for Informing Students and Staff of Potential Conflicts of Interest**

Dear Staff/Students,

For your information, I serve as (*CHOOSE appropriate activity: a consultant to*, *a board member of, an executive officer of*) *COMPANYNAME*. I also receive research grant (*or other form of support*) funding from (*company name*) investigating (*briefly describe the research or project area*). This relationship has been identified as having the potential to create a conflict of interest (COI) with my responsibilities as a faculty member/researcher. I have fully disclosed these interests to the University of North Carolina at Greensboro, and I have in place an approved plan for managing any potential conflicts arising from this involvement. To manage this potential conflict, it is my responsibility to ensure that an independent review of my work is conducted annually.

I understand that your work on the project, (*insert project name*), should be for academic reasons to further your studies and your professional career endeavors. If at any time you have any concerns about whether your work is inappropriately focused toward my outside relationship(s), or that your ability to publish has been impeded in any way, I encourage you to contact the Department Chair, (*list all alternative advocates for the student, with names and phone numbers*), or the university ORI Director, Dr. Lisa Goble at 336-256-1173, or lagoble@uncg.edu.

Sincerely,

[Researcher’s Name]

[Researcher’s Title]

*Acknowledgment*

Student/Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_